

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

20454

STATE FILE NUMBER

Registration District No. 14 Primary Registration District No. 4136 Registrar's No. 32

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| 1. PLACE OF DEATH a. COUNTY <u>Clinton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plattsburg</u> | | c. CITY OR TOWN <u>Plattsburg</u> 0250 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Taylor</u> Last <u>Bogier</u> | | 4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1957</u> | |
| 5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | |
| 8. DATE OF BIRTH <u>Feb 11 1883</u> | | 9. AGE (In years last birthday) <u>74</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD MAINTENANCE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) <u>Clinton County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Unknown</u> | | 14. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>X</u> <u>X</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | |
| 17. INFORMANT <u>Mrs. Curtis Bogier</u> | | Address <u>Plattsburg Mo</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Tongue & Throat</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma Mouth</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>144X</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr 3 yrs</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>Jan 1957</u> to <u>June 22 57</u> last saw her alive <u>June 22 57</u> Death occurred at <u>10 a. m</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>W. R. Shalading MD</u> | | 22b. ADDRESS <u>Plattsburg Mo</u> | |
| 22c. DATE SIGNED <u>June 22 57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>6/26/57</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Plattsburg Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u> | |
| 24. FUNERAL DIRECTOR <u>D. M. Lyon</u> | | 25. DATE RECD. BY LOCAL REG. <u>June 30-1957</u> | |
| ADDRESS <u>Plattsburg, MO.</u> | | 26. REGISTRAR'S SIGNATURE <u>Elizabeth Seearce</u> | |

AUG 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Philip L. Cox*.....

Licensed Embalmer No. *49*

P. O. Address *Clatsburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.